Case 17-80004 Doc 1 Filed 01/04/17 Entered 01/04/17 10:38:44 Desc Main Document Page 1 of 48

| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Joseph First name A Middle name Opengo Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-0708 | |

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Case number (if known)

Debtor 1 Joseph A Opengo

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. |
| | doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 2727 Colorado Ave Rockford, IL 61109 | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Winnebago | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Case number (if known) Debtor 1 Joseph A Opengo

| ar | t 2: Tell the Court About | Your E | Bankruptcy Ca | ise | | | | | |
|-----|--|--------|----------------------------------|-------------------------------------|---|----------------------------------|---|--------------------------|---|
| 7. | The chapter of the Bankruptcy Code you are | | | | n of each, see <i>N</i> of page 1 and ch | | | 342(b) for Individuals F | Filing for Bankruptcy |
| | choosing to file under | | Chapter 7 | | | | | | |
| | | | Chapter 11 | | | | | | |
| | | | Chapter 12 | | | | | | |
| | | | Chapter 13 | | | | | | |
| 3. | How you will pay the fee | • | about how yo | u may pay. Ty attorney is sul | pically, if you are | e paying the f | fee yourself, you m | nay pay with cash, cas | Il court for more details shier's check, or money redit card or check with |
| | | | | | stallments. If yo | | s option, sign and a | attach the Application | for Individuals to Pay |
| | | | but is not req applies to you | uired to, waive ur family size a | e your fee, and mand and you are unat | nay do so only ole to pay the | y if your income is fee in installments | less than 150% of the | T. By law, a judge may, official poverty line that ption, you must fill out petition. |
| | | | | | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ N | | | | | | | |
| | last 8 years? | ΠY | | | | | | | |
| | | | District | | | When | | _ Case number | |
| | | | District | | | When | | _ Case number | |
| | | | District | | | When | | Case number | |
| 10. | Are any bankruptcy | ■ N | 0 | | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ΠY | es. | | | | | | |
| | | | Debtor | | | | | Relationship to you | |
| | | | District | | | When | | Case number, if know | /n |
| | | | Debtor | | | | | Relationship to you | |
| | | | District | | | When | | Case number, if know | /n |
| 11. | Do you rent your residence? | ■ N | o. Go to I | ine 12. | | | | | |
| | | ПΥ | es. Has yo | ur landlord ob | tained an evictio | n judgment a | gainst you and do | you want to stay in yo | our residence? |
| | | | | No. Go to line | e 12. | | | | |
| | | | | Yes. Fill out I bankruptcy p | | About an Evi | ction Judgment Ag | ainst You (Form 101A | and file it with this |
| | | | | | | | | | |

Document Page 4 of 48 Case number (if known) Debtor 1 Joseph A Opengo Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Joseph A Opengo Document

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 48 Case number (if known) Debtor 1 Joseph A Opengo Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Joseph A Opengo Signature of Debtor 2 Joseph A Opengo Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on January 4, 2017

MM / DD / YYYY

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Debtor 1 Joseph A Opengo Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Sarah Ho | olbrook | Date | January 4, 2017 |
|-------------------|------------------------|---------------|--------------------------|
| Signature of A | Attorney for Debtor | | MM / DD / YYYY |
| | | | |
| Sarah Holbr | ook | | |
| Printed name | | | |
| Eric Pratt La | aw Firm P.C. | | |
| Firm name | | | |
| 3957 North | Mulford Rd. | | |
| Suite C | | | |
| Rockford, IL | . 61114 | | |
| Number, Street, C | City, State & ZIP Code | | |
| Contact phone | 815-315-0683 | Email address | rockford@jordanpratt.com |
| 6293018 | | | |
| Bar number & Sta | te | | <u>=</u> |

| | 1200:11111 | eni Paue 8 014 | -O | |
|--------------------------|----------------------------|--|---|--|
| mation to identify your | case: | | | |
| | | | | |
| First Name | Middle Name | Last Name | | |
| | | | | |
| First Name | Middle Name | Last Name | | |
| ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | | | | |
| | | | | Check if this is an amended filing |
| | Joseph A Opengo First Name | Joseph A Opengo First Name Middle Name First Name Middle Name | Tast Name Middle Name Last Name First Name Middle Name Last Name | Joseph A Opengo First Name Middle Name Last Name First Name Middle Name Last Name |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as | ssets f what you own |
|-----|--|--------------|-----------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 6,400.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 6,400.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | Your lia | abilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 7,699.00 |
| | Your total liabilities | \$ | 7,699.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,146.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,092.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | edules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | | | |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Debtor 1 Joseph A Opengo Document Page 9 of 48 Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____3,016.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | l claim |
|--|------|---------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | | Docume | ent Page 10 of 48 | | |
|---|--|---|--|--|--|
| Fill in this in | formation to identify y | our case and this filing: | | | |
| Debtor 1 | Joseph A One | 0.00 | | | |
| Depioi i | Joseph A Ope | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States | s Bankruptcy Court for th | ne: NORTHERN DISTRICT | OF ILLINOIS | | |
| Ormou Otato | Danitapioy Countries a | | <u> </u> | | |
| Case numbe | r | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official I | Form 106A/B | | | | |
| _ | | _ | | | |
| Sched | ule A/B: Pro | operty | | | 12/15 |
| hink it fits bes | t. Be as complete and ac more space is needed, at | curate as possible. If two marrie | once. If an asset fits in more than one than one of people are filing together, both a m. On the top of any additional page. | are equally responsible for s | supplying correct |
| Part 1: Desc | ribe Each Residence, Bui | lding, Land, or Other Real Estate | You Own or Have an Interest In | | |
| . Do you own | or have any legal or equ | table interest in any residence, | building, land, or similar property? | | |
| _ | | | | | |
| No. Go to | | | | | |
| ☐ Yes. Who | ere is the property? | | | | |
| Part 2: Desc | ribe Your Vehicles | | | | |
| | | | | | |
| B. Cars, vans □ No ■ Yes | s, trucks, tractors, spo | rt utility vehicles, motorcycl | es | | |
| 3.1 Make: | Toyota | Who has an into | rest in the property? Check one | Do not deduct secured | claims or exemptions. Put |
| | 4 runner | | est in the property: Check one | , | red claims on Schedule D: |
| Model: Year: | 2007 | Debtor 1 only | | | aims Secured by Property. |
| | imate mileage: | Debtor 2 only 50000 Debtor 1 and I | Oaktor 2 anly | Current value of the entire property? | Current value of the portion you own? |
| | nformation: | | the debtors and another | citile property: | portion you own: |
| | | At least one of | the debtors and another | | |
| | | ☐ Check if this | is community property | \$5,000.00 | \$5,000.00 |
| | | (see instructions | s) | | |
| Examples: ■ No □ Yes 5 Add the despages you | Boats, trailers, motors, plotters, railers, motors, plotters, plotters, motors, plotters, plotte | personal watercraft, fishing ver fon you own for all of your e rt 2. Write that number here | nal vehicles, other vehicles, an ssels, snowmobiles, motorcycle a ntries from Part 2, including ar e following items? | accessories ny entries for | \$5,000.00 Current value of the |
| | | | | | portion you own? Do not deduct secured claims or exemptions. |
| . Household | d goods and furnishing | gs | | | |

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

Case 17-80004 Doc 1 Filed 01/04/17 Entered 01/04/17 10:38:44 Desc Main Document Page 11 of 48 Debtor 1 Case number (if known) Joseph A Opengo Yes. Describe..... \$1,000.00 older household furniture & personal belongings 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$100.00 computer, tv, cell phone 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... necessary wearing apparel \$200.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$50.00 watch 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,350.00 for Part 3. Write that number here

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured

Case 17-80004 Doc 1 Filed 01/04/17 Entered 01/04/17 10:38:44 Desc Main Document Page 12 of 48 Case number (if known) Debtor 1 Joseph A Opengo claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... \$50.00 17.1. checking Chase Bank 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: Unknown pension pension w/ Local 1268 Union 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

■ No
□ Yes. Give specific information about them...

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

☐ Yes.....

| De | btor 1 | Joseph A Opengo | Document | Page | 13 of 48 | } Case number <i>(if known)</i> | |
|----|----------------------|---|---|-----------------|----------------|---|---|
| | Examp ■ No | s, copyrights, tradem | arks, trade secrets, and other inteller ames, websites, proceeds from royaltion on about them | | • | ents | |
| | <i>Examp</i> ■ No | | ther general intangibles exclusive licenses, cooperative association about them | ation holdings | , liquor licer | nses, professional licens | ses |
| Мс | oney or I | property owed to you | ? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ■ No | unds owed to you Give specific information | on about them, including whether you | already filed t | he returns a | and the tax years | |
| | Examp ■ No | support sles: Past due or lump s | sum alimony, spousal support, child su | upport, mainte | enance, divo | orce settlement, property | / settlement |
| | Examp ■ No | | ability insurance payments, disability bans you made to someone else | benefits, sick | pay, vacatio | on pay, workers' compe | ensation, Social Security |
| | | ts in insurance policioles: Health, disability, d | es or life insurance; health savings accou | nt (HSA); cre | dit, homeow | ner's, or renter's insura | nce |
| | □ Yes. | | ompany of each policy and list its value Company name: | Э. | Beneficia | ary: | Surrender or refund value: |
| | If you a someo | | is due you from someone who has living trust, expect proceeds from a lift on | | olicy, or are | currently entitled to rec | eive property because |
| | <i>Examp</i> ■ No | | whether or not you have filed a law ment disputes, insurance claims, or rig | | e a demand | l for payment | |
| | ■ No | contingent and unlique | idated claims of every nature, inclu | ding counter | claims of t | he debtor and rights to | o set off claims |
| | ■ No | ancial assets you did | • | | | | |
| 36 | | | of your entries from Part 4, includin er here | | | | \$50.00 |

Official Form 106A/B Schedule A/B: Property page 4

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

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Case number (if known) Document Debtor 1 Joseph A Opengo 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$5,000.00 57. Part 3: Total personal and household items, line 15 \$1,350.00 Part 4: Total financial assets, line 36 58. \$50.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$6,400.00 \$6,400.00

Official Form 106A/B

Schedule A/B: Property

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$6,400.00

| | | 17(7(4)1111) | 111 1 7101C. 1.7 (7) 4O | |
|---------------------|--------------------------|-------------------|-------------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Joseph A Opengo | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exemption |
|---|--------------------------------------|--|
| | Copy the value from Schedule A/B | Check only one box for each exemption. |
| 2007 Toyota 4 runner 50000 miles | \$5,000.00 | \$2,400.00 735 ILCS 5/12-1001(c) |
| Elle Holli Genedale A.B. G. I | | ☐ 100% of fair market value, up to any applicable statutory limit |
| 2007 Toyota 4 runner 50000 miles | \$5,000.00 | \$2,600.00 735 ILCS 5/12-1001(b) |
| Line IIIIII <i>Schedule PAB</i> . 3.1 | | 100% of fair market value, up to any applicable statutory limit |
| older household furniture & personal belongings | \$1,000.00 | \$1,000.00 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 6.1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| computer, tv, cell phone Line from Schedule A/B: 7.1 | \$100.00 | \$100.00 735 ILCS 5/12-1001(b) |
| Elle Holli Genedale A.B. 7.1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| necessary wearing apparel Line from Schedule A/B: 11.1 | \$200.00 | \$200.00 735 ILCS 5/12-1001(a) |
| Enteriori Schedule AVD. 11.1 | | 100% of fair market value, up to any applicable statutory limit |

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Joseph A Opengo Case number (if known) Debtor 1 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 735 ILCS 5/12-1001(b) watch \$50.00 \$50.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit checking: Chase Bank 735 ILCS 5/12-1001(b) \$50.00 \$50.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit pension: pension w/ Local 1268 Union 735 ILCS 5/12-1006 100% Unknown Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|-------------------|-------------|--|
| Debtor 1 | Joseph A Opengo | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | | Document | Page 1 | 8 of 48 | _ | |
|---|---|--|---|--|--|--|
| Fill in th | is information to identify your | case: | | | | |
| Debtor 1 | Joseph A Opengo | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, t | | Middle Name | Last Name | | | |
| | tates Bankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | | | |
| Officed 3 | tates bankruptcy Court for the. | NORTHERN DISTRICT OF IL | LINOIS | | | |
| Case nur (if known) | mber | | | | _ | heck if this is an mended filing |
| Sched | l Form 106E/F Iule E/F: Creditors W | | | Don't 2 for available NC | NIDDIODITY eleim | 12/15 |
| any execu Schedule Schedule l left. Attach | plete and accurate as possible. Us tory contracts or unexpired leases G: Executory Contracts and Unexp D: Creditors Who Have Claims Secin the Continuation Page to this pag case number (if known). | that could result in a claim. Also ired Leases (Official Form 106G). ured by Property. If more space is e. If you have no information to re | list executory of Do not include needed, copy | contracts on Schedule A/B: any creditors with partially the Part you need, fill it out | Property (Offician secured claims of the ent | al Form 106A/B) and on that are listed in ries in the boxes on the |
| Part 1: | List All of Your PRIORITY Un | | | | | |
| | ny creditors have priority unsecure | d claims against you? | | | | |
| | o. Go to Part 2. | | | | | |
| ☐ Ye | | V. II 1 Ol-! | | | | |
| Part 2: | List All of Your NONPRIORIT | | | | | |
| _ | ny creditors have nonpriority unsec | | | | | |
| | b. You have nothing to report in this pa | art. Submit this form to the court with | your other sche | edules. | | |
| ■ Ye | es. | | | | | |
| unsec | Ill of your nonpriority unsecured cla cured claim, list the creditor separately one creditor holds a particular claim, li 2. | for each claim. For each claim liste | d, identify what t | type of claim it is. Do not list of | claims already incl | uded in Part 1. If more |
| | | | | | | Total claim |
| | Affiliatd Gr | Last 4 digits of acc | count number | 2224 | | \$69.00 |
| | Nonpriority Creditor's Name Po Box 7739 | When was the deb | t incurred? | | | |
| F | Rochester, MN 55903 | | | | | |
| | Number Street City State Zlp Code | As of the date you | file, the claim | is: Check all that apply | | |
| _ | Who incurred the debt? Check one. | - | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| _ | Debtor 2 only | ☐ Unliquidated☐ Disputed | | | | |
| _ | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and and | | RITY unsecure | d claim: | | |
| | $oldsymbol{\square}$ At least one of the debtors and and $oldsymbol{\square}$ Check if this claim is for a comr | | | | | |
| C | lebt | ilullity | ng out of a sepa | aration agreement or divorce | that you did not | |
| _ | s the claim subject to offset? | report as priority cla | ims | | | |
| | No | · | • | ng plans, and other similar de | bts | |
| [| Yes | Other. Specify | Physicians | Immediate Care LI | | |

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| Debto | r 1 Joseph A Opengo | | Case number (if know) | | | | |
|-------|--|--|---|------------|--|--|--|
| 4.2 | Americollect Inc | Last 4 digits of account number | 397E | \$251.00 | | | |
| | Nonpriority Creditor's Name Po Box 1566 | When was the debt incurred? | Opened 02/16 | | | | |
| | Manitowoc, WI 54221 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| | ☐ Yes | Collection A Other Specify Orthopaedic | attorney Comprehensive | | | | |
| 4.3 | Atg Credit | Last 4 digits of account number | 1679 | \$21.00 | | | |
| | Nonpriority Creditor's Name 1700 W Cortland St Ste 2 Chicago, IL 60622 | When was the debt incurred? | Opened 12/14 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | No | Debts to pension or profit-sharing | a plane, and other similar debts | | | | |
| | ■ No | · | | | | | |
| | Yes | Other. Specify Rockf | ttorney Radiology Consultants Of | | | | |
| 4.4 | Cash Store | Last 4 digits of account number | | \$4,000.00 | | | |
| | Nonpriority Creditor's Name 2410A S. Alpine Rd | When was the debt incurred? | | | | | |
| | Rockford, IL 61108 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | • | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | □ Unliquidated | | | | | |
| | □ Debtor 1 and Debtor 2 only □ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | ☐ Yes | ■ Other Specify Loan | | | | | |

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| Debt | or 1 Joseph A Opengo | Case number (if know) | |
|------|--|---|----------|
| 4.5 | City of Rockford | Last 4 digits of account number | \$500.00 |
| | Nonpriority Creditor's Name Payment Center Box 4635 Rockford, IL 61105 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify Service | |
| 4.6 | Collect Asso Nonpriority Creditor's Name | Last 4 digits of account number 1638 | \$182.00 |
| | Po Box 465 Brookfield, WI 53008 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Brookfield Anesthesiologists | |
| 4.7 | ComEd Nonpriority Creditor's Name | Last 4 digits of account number | \$500.00 |
| | Box 6111 Carol Stream, IL 60197 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Utility service | |

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| Debt | or 1 _Joseph A Opengo | Case number (if know) | |
|------|---|---|----------|
| 4.8 | Mutual Management Serv Nonpriority Creditor's Name | Last 4 digits of account number 4831 | \$406.00 |
| | 7177 Crimson Ridge Dr St Rockford, IL 61107 | When was the debt incurred? Opened 09/14 | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Collection Attorney Swedishamerican Hospital Er | |
| 4.9 | Nicor Gas Nonpriority Creditor's Name | Last 4 digits of account number | \$500.00 |
| | 1844 Ferry Road Naperville, IL 60563 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Services | |
| 4.1 | Rockford Mercantile | Last 4 digits of account number 5664 | \$636.00 |
| U j | Nonpriority Creditor's Name | | |
| | Po Box 5847 | When was the debt incurred? Opened 01/16 | |
| | Rockford, IL 61125 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the dam's. Officer an that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Collection Attorney Rockford Health System/Rmh | |

| Dahland | Just 1 | 27 00004 0001 1 | Document Page | 22 of | 48 number (if know) | o man |
|---------------------------|---------------------------------|---|---|-------------|---|-------------------------|
| Debtor 1 _ | Joseph A (| Opengo | | Case | number (if know) | |
| | RWRD | | Last 4 digits of account numb | er | | \$500.00 |
| Во | npriority Cred | | When was the debt incurred? | | | |
| Nur | | 61125 City State Zlp Code he debt? Check one. | As of the date you file, the cla | im is: Che | ck all that apply | |
| _ | Debtor 1 only | | ☐ Contingent | | | |
| | Debtor 2 only | • | ☐ Unliquidated | | | |
| _ | - | l Debtor 2 only | ☐ Disputed | | | |
| | | of the debtors and another | Type of NONPRIORITY unsecu | ured claim | : | |
| _ | | s claim is for a community | ☐ Student loans | | | |
| del | bt | oject to offset? | Obligations arising out of a s report as priority claims | eparation a | agreement or divorce that you did not | |
| | No | | ☐ Debts to pension or profit-sh | aring plans | , and other similar debts | |
| | Yes | | Other. Specify Services | | | |
| 4.1 Th | ne Stark Co | ollogtion A | | er 067; | 2 | \$134.00 |
| 2 | npriority Cred | | Last 4 digits of account numb | er 007 | <u> </u> | φ134.00 |
| 64 | 25 Odana | Rd | When was the debt incurred? | Ope | ned 08/12 | |
| | adison, WI mber Street C | City State Zlp Code | As of the date you file, the cla | im is: Che | ck all that apply | |
| | | he debt? Check one. | • • | | 3 | |
| | Debtor 1 only | У | ☐ Contingent | | | |
| | Debtor 2 only | у | ☐ Unliquidated | | | |
| | Debtor 1 and | Debtor 2 only | ☐ Disputed | | | |
| | At least one | of the debtors and another | Type of NONPRIORITY unsecu | ured claim | : | |
| | Check if this | s claim is for a community | ☐ Student loans | | | |
| del | | | | eparation a | agreement or divorce that you did not | |
| _ | | oject to offset? | report as priority claims | | | |
| | No | | Debts to pension or profit-sh | ٠. | | |
| | Yes | | Other. Specify Bo #3251 | | y Tds Metrocom-Rockford | |
| Part 3: | List Others | to Be Notified About a Debt T | hat You Already Listed | | | |
| is trying to have more | o collect fror e than one cı | m you for a debt you owe to somed | one else, list the original credito u listed in Parts 1 or 2, list the a | r in Parts | eady listed in Parts 1 or 2. For examp 1 or 2, then list the collection agency creditors here. If you do not have add | here. Similarly, if you |
| Part 4: | Add the An | nounts for Each Type of Unsec | ured Claim | | | |
| | amounts of c nsecured clai | | This information is for statistic | al reportin | g purposes only. 28 U.S.C. §159. Add | I the amounts for each |
| | | | | | Total Claim | |
| Tota claims | | Domestic support obligations | | 6a. | \$0.00 | |
| from Part 1 | | Taxes and certain other debts you | u owe the government | 6b. | \$ 0.00 | |
| | 6c. | Claims for death or personal injur | - | 6c. | \$ 0.00 | |
| | 6d. | Other. Add all other priority unsecur | ed claims. Write that amount here | e. 6d. | \$ | |
| | 6e. | Total Priority. Add lines 6a through | 6d. | 6e. | \$ 0.00 | |
| | | | | | | |
| | | | | | Total Claim | |

from Part 2 Official Form 106 E/F

Total claims

Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts

6f.

6g.

6h.

Student loans

6f.

6g.

6h.

0.00

0.00

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Debtor 1 Joseph A Opengo

| 6i. | | | 0.00 | | |
|-----|---|-----|------|----------|--|
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 7,699.00 | |
| 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 7.699.00 | |

| | | TANAIIII. | 311 1 11(N,) 3 (11 3 1) | |
|---|-------------------------|-------------------|--|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Joseph A Opengo | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the c | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | <u> </u> | | <u> </u> | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | 0.1.5 | | 0.0.0 | 2.1. 0000 | |
| 2.4 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | - ity | | Cidio | | |

| | | Docume | nt Page 25 (| OT 48 | |
|--------------------------------|---|--------------------------------|---------------------------|---------------------------|---|
| Fill in this | information to identify your | | | | |
| Debtor 1 | Joseph A Opengo |) | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | ng) First Name | Middle Name | Last Name | | |
| | | NORTHERN DISTRICT | | | |
| United Star | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case numb | ber | | | | D Object Williams |
| (II KIIOWII) | | | | | Check if this is an amended filing |
| | | | | | |
| Official | l Form 106H | | | | |
| Sched | ule H: Your Cod | lebtors | | | 12/15 |
| | | | | | rate as possible. If two married |
| | | | | | needed, copy the Additional Page, op of any Additional Pages, write |
| our name | and case number (if known | n). Answer every question | | . • | |
| 1. Do y | you have any codebtors? (If | f you are filing a joint case, | do not list either spouse | e as a codebtor. | |
| ■ No | | | | | |
| ☐ Yes | ; | | | | |
| 2. With | nin the last 8 vears, have vo | u lived in a community pr | operty state or territor | rv? (Community proper | ty states and territories include |
| | a, California, Idaho, Louisiana | | | | |
| ■ No | Go to line 3. | | | | |
| ` | . Did your spouse, former spo | ouse, or legal equivalent live | e with you at the time? | | |
| | | | • | | |
| 3. In Col | umn 1, list all of your codeb | otors. Do not include your | spouse as a codebto | r if your spouse is filir | ng with you. List the person shown |
| in line | 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | sure you have listed t | the creditor on Schedule D (Official |
| | olumn 2. | ai Form 106E/F), or Sched | ule G (Official Form 10 | Jog). Use Schedule D, | , Schedule E/F, or Schedule G to fill |
| (| Column 1: Your codebtor | | | Column 2: The cr | editor to whom you owe the debt |
| | Name, Number, Street, City, State and 2 | ZIP Code | | Check all schedul | |
| 3.1 | | | | ☐ Schedule D, lir | ne |
| | Name | | | □ Schedule E/F. | |
| | | | | ☐ Schedule G, lin | ne |
| - | Number Street | | | | |
| • | City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, lir | ne |
| | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lin | ne |
| ī | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| Fill | in this information to identify your c | ase: | | | | | | | |
|-------------|---|----------------------------|---|----------|------|--------------------------------|---------------------------|--|----------|
| Del | btor 1 Joseph A Op | engo | | | _ | | | | |
| | btor 2 puse, if filing) | | | | _ | | | | |
| Uni | ited States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | |
| | se number nown) | | - | | | | nded filing ement show | wing postpetition e following date: | |
| <u>O</u> | fficial Form 106I | | | | | MM / DI | O/ YYYY | | |
| S | chedule I: Your Inc | ome | | | | | | | 12/1 |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment Fill in your employment | ır spouse is not filing w | ith you, do not includ onal pages, write yo | le infor | mati | on about your I case number | spouse. If (if known) | more space is). Answer every | needed, |
| | information. | | Debtor 1 | | | | | n-filing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | | nployed ot employed | d | |
| | employers. | Occupation | assembly | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Chrysler | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | |
| | | How long employed t | here? 4 years | | | | | | |
| Pai | t 2: Give Details About Mor | nthly Income | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to re | port for | any | line, write \$0 in | the space. | Include your no | n-filing |
| | ou or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | for all | empl | oyers for that pe | rson on the | e lines below. If | you need |
| | | | | | | For Debtor 1 | | Debtor 2 or -filing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 3,016.0 | 0 \$ | N/A | - |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.0 | 0 +\$ | N/A | - - |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 3.016.00 | \$ | N/A | |

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| Copy line 4 here | Debt | tor 1 | Joseph A Opengo | | (| Case | e number (if known |) | | | | |
|---|------|-------------------|--|------|------------|------|--------------------|-----|-------|----------|-------|-----------|
| S. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. So. Do. Social Security deductions 5c. No. Social Security S | | | | | | Fo | r Debtor 1 | | | | | |
| 5. List all payroll deductions: 58. Tax, Medicare, and Social Security deductions 59. Mandatory contributions for retirement plans 50. Voluntary contributions for retirement fund loans 51. Society of the plant of the p | | Con | v line 4 here | 4 | | \$ | 3.016.00 | _ | | filing s | • | |
| 59. Tax, Medicare, and Social Security deductions 50. Mandatory contributions for retirement plans 50. Voluntary contributions for retirement plans 50. Voluntary contributions for retirement plans 50. Social Security 51. Required repayments of retirement fund loans 52. Social Security 53. Notice deductions of the security 54. Domestic support obligations 55. In June dues 56. In June dues 57. Domestic support obligations 58. In June dues 59. Union dues 59. Union dues 59. Union dues 59. Vinon dues 59. Vinon dues 50. Other deductions. Add lines 5a+5b+5c+5c+5d+5e+5f+5g+5h. 50. Social Security 50. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 61. Sa 770.00 \$ N/A 62. Calculate total monthly take-home pay. Subtract line 6 from line 4. 62. Social Security 63. Not increase regularly received: 64. Sa 770.00 \$ N/A 65. Not increase and dividends 65. Not increase and dividends 66. Not increase and dividends 67. Social Security 68. Interest and dividends 68. Interest and dividends 68. Interest and dividends 68. Social Security 68. Social Security 68. Social Security 68. Social Security 69. Add all other income assistance that you regularly receive include aimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 69. Social Security 69. Add all other income. Add line 7 + line 9. No. 60. Calculate monthly income. Specify: 60. Social Security 60. Other government income 60. Social Security 60. Other government income 60. Social Security 60. Other government income 60. Social Security 60. Other government assistance and the value (if known) of any non-cash assistance hat you receive such as foot stamps, (lonenflis under the Supplemental Nutrition Assistance Program) or housing subsidies. 81. Specify: 82. Pension or retirement income 83. Pension or retirement income 84. Social Security 85. Other government income 86. Social Security 86. Other government assistance that you requisity receive include cash assistance and the value (if known) of any non-cash assistance hat yo | _ | - | | ٦. | | Ψ_ | 3,010.00 | _ | Ψ | | 14/7 | 1 |
| Sh. Mandatory contributions for retirement plans St. \$ 0.00 \$ N/A | 5. | | | | | | | | | | | |
| 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. Sequired repayments of retirement fund loans 5d. Sequired repayments of retirement fund loans 5d. So. 0.000 \$ NVA 5d. NVA 5d. Domestic support obligations 5d. \$ 0.000 \$ NVA 5d. VIA 5d. Union dues 5g. \$ 57.000 \$ NVA 5d. NVA 5d. Other deductions. Specify: 5d. \$ 57.000 \$ NVA 5d. NVA 5d. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 870.000 \$ NVA 7d. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,146.00 \$ NVA 8d. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. Sol interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Social Security 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive such as Good stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8e+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ NVA 9. Add all other income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. \$1. +\$ 0.00 Calculate monthly income. Add lines 7 + line 9. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data ii it 1. 2 2,146.00 Combined monthly income. | | | The state of the s | | | | | _ | | | | _ |
| 5d. Squired repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5f. Sq. Sq. O.000 \$ N/A 5g. Union dues 5g. Union dues 5g. Sq. S 57.00 \$ N/A 5h. Other deductions. Specify: 5h. * \$ 0.000 \$ N/A 5h. Other deductions. Specify: 5h. * \$ 0.000 \$ N/A 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 870.00 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 870.00 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 870.00 \$ N/A 6. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive linclude alimony. Spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. Social Security | | | | | | | | _ | | | | _ |
| 5e. Insurance | | | · | | | · - | | | · — | | | |
| 5f. Domestic support obligations 5g. 10 ion dues 5g. \$57.00 \$ N/A 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5d+5e+5f+5g+5h. 5h. Interest and dividends 5h. Interest and seasons and the value of known) of | | | | | | | | _ | · · | | | |
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| 5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 870.00 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,146.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Increast and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 9h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 11. State all other income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 13. Do you expect an increase or decrease within the year after you file this form? | | | | | | · - | | _ | · — | | | |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,146.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive; such as food stamps (benefits under the Supplemential Nutrition Assistance Program) or housing subsidies. 8penity: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 11. \$ N/A 12. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 13. Do you expect an increase or decrease within the year after you file this form? | | - | | | | | | | · · · | | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Increast and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (hendfits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 2,146.00 + \$ N/A = \$ 2,146.00 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other firefieds or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other firefieds or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other firefieds or relatives. Do not include any amounts already included in lines 2-10 or a | 6 | | | _ | | . – | | _ | | | | _ |
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| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarrised partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | | | | ٠. | | Ψ _ | 2,140.00 | _ | Ψ | | IN/F | <u>1</u> |
| 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add line 8 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it No. | 8. | | Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross | | | | | | | | | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,146.00 Combined monthly income. 13. Do you expect an increase or decrease within the year after you file this form? | | | • | | | | | | | | | |
| regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 Combined monthly income. Write that amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,146.00 Combined monthly income. No. | | | | |). | \$_ | 0.00 |)_ | \$ | | N/A | <u>\</u> |
| 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | | 8c. | regularly receive Include alimony, spousal support, child support, maintenance, divorce | | ; <u>.</u> | \$ | 0.00 |) | \$ | | N/A | A |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | | 8d. | Unemployment compensation | 8d | l. | \$ | 0.00 |) | \$ | | | |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8. | | 8e. | Social Security | 8e |) . | \$ | 0.00 |) | \$ | | N/A | \ |
| 8h. Other monthly income. Specify: 8h. \$ 0.00 | | 8f. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | | | \$ | 0.00 |) | \$ | | N/A | A. |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ N/A = \$ 2,146.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? | | 8g. | Pension or retirement income | 8g | J. | \$ | 0.00 |) | \$ | | N/A | <u>\</u> |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No. | | 8h. | Other monthly income. Specify: | 8h | 1.+ | \$ | 0.00 |) . | + \$ | | N/A | <u>\</u> |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Do you expect an increase or decrease within the year after you file this form? No. | 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | ; | \$ | 0.00 |) | \$ | | N/ | /A |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Do you expect an increase or decrease within the year after you file this form? No. | 10 | Cale | culate monthly income Add line 7 ± line 0 | 10 | ¢ | | 2 146 00 | Φ. | | NI/A | _ ¢ | 2 1 46 00 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No. | 10. | | • | 10. | Ψ_ | | 2,140.00 | Ψ_ | | IN/A | - φ - | 2,140.00 |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{2,146.00}{\text{Combined}}\$ 13. Do you expect an increase or decrease within the year after you file this form? No. | 11. | Incluothe Do r | ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a | depe | | | | | | | | 0.00 |
| 13. Do you expect an increase or decrease within the year after you file this form? ■ No. monthly income | 12. | Writ | e that amount on the Summary of Schedules and Statistical Summary of Certai | | | | | | | 12. | \$ | 2,146.00 |
| 13. Do you expect an increase or decrease within the year after you file this form? No. | | | | | | | | | | • | | |
| | 13. | Do y | • | ? | | | | | | | mond | ny moonie |
| | | | | | | | | | | | | 1 |

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| | | | _ | | |
|------------|---|-----------------------------|-----------------|----------------------------------|---|
| Fill | in this information to identify your case: | | | | |
| Deb | Joseph A Opengo | | Che | ck if this is: An amended filing | |
| | otor 2ouse, if filing) | | | • | ving postpetition chapter the following date: |
| Unit | ted States Bankruptcy Court for the: NORTHERN DISTRICT C | OF ILLINOIS | | MM / DD / YYYY | |
| | se number nown) | | | | |
| Of | fficial Form 106J | | | | |
| So | chedule J: Your Expenses | | | | 12/1 |
| info | as complete and accurate as possible. If two married peormation. If more space is needed, attach another sheet mber (if known). Answer every question. | | | | |
| Pari | t 1: Describe Your Household Is this a joint case? | | | | |
| 1. | No. Go to line 2. | | | | |
| | \square Yes. Does Debtor 2 live in a separate household? | | | | |
| | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>E</i> . | xpenses for Separate Hou | sehold of Deb | otor 2. | |
| 2. | Do you have dependents? ■ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this informat each dependent | | | Dependent's age | Does dependent live with you? |
| | Do not state the dependents names. | | | | □ No □ Yes |
| | aspondonto namos. | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No □ Yes |
| 3. | Do your expenses include ■ No | | | | □ 163 |
| | expenses of people other than yourself and your dependents? | | | | |
| Est exp | Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date upenses as of a date after the bankruptcy is filed. If this is plicable date. | | | | |
| the | lude expenses paid for with non-cash government assist value of such assistance and have included it on Scherficial Form 106I.) | | | Your exp | enses |
| 4. | The rental or home ownership expenses for your reside payments and any rent for the ground or lot. | dence. Include first mortga | age 4. S | \$ | 692.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. S | \$ | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | · | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | · | 50.00 |
| 5. | 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, suc | ch as home equity loans | 4d. \$ 5. \$ | · | 0.00 |
| J. | Additional mortgage payments for your residence, Su(| on as nome equity loans | ე. მ | ע | U.UU |

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| Debt | or 1 Joseph A Opengo | Case num | ber (if known) | |
|------|---|--------------|----------------|--------------------------|
| 6. | Utilities: | | | |
| J. | 6a. Electricity, heat, natural gas | 6a. | \$ | 200.00 |
| | 6b. Water, sewer, garbage collection | 6b. | | 50.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | | 250.00 |
| | 6d. Other. Specify: | 6d. | | 0.00 |
| , | Food and housekeeping supplies | ou. | | |
| | . • | | | 300.00 |
| 3. | Childcare and children's education costs | 8. | \$ | 0.00 |
| | Clothing, laundry, and dry cleaning | 9. | \$ | 50.00 |
| | Personal care products and services | 10. | | 50.00 |
| | Medical and dental expenses | 11. | \$ | 100.00 |
| 2. | Transportation. Include gas, maintenance, bus or train fare. | 40 | c | 200.00 |
| | Do not include car payments. | 12. | · | |
| | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | · · · — | 50.00 |
| 4. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 5. | Insurance. | | | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | | 100.00 |
| | 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| 6. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| | Specify: | 16. | \$ | 0.00 |
| 7. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: | 17d. | · | 0.00 |
| | Your payments of alimony, maintenance, and support that you did not report as | | | 0.00 |
| ٥. | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 9. | Other payments you make to support others who do not live with you. | | \$ | 0.00 |
| | Specify: | 19. | | |
| 0. | Other real property expenses not included in lines 4 or 5 of this form or on Sched | | our Income. | |
| - | 20a. Mortgages on other property | 20a. | | 0.00 |
| | 20b. Real estate taxes | 20b. | · | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20a. 20e. | | 0.00 |
| | | | · - | |
| 1. | Other: Specify: | 21. | +\$ | 0.00 |
| 22. | Calculate your monthly expenses | | | |
| • | 22a. Add lines 4 through 21. | | \$ | 2,092.00 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | | | · | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,092.00 |
| 3. | Calculate your monthly net income. | | I. | |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,146.00 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b. | | 2,092.00 |
| | 200. Copy your monthly expenses from the 220 above. | 200. | | ۷,092.00 |
| | 23c. Subtract your monthly expenses from your monthly income. | | | |
| | The result is your <i>monthly net income</i> . | 23c. | \$ | 54.00 |
| | The result to your monthly not income. | | 1 | |
| 24. | Do you expect an increase or decrease in your expenses within the year after you | ı file this | form? | |
| | For example, do you expect to finish paying for your car loan within the year or do you expect your r | | | or decrease because of a |
| | modification to the terms of your mortgage? | | | |
| | ■ No. | | | |
| | Yes. Explain here: | | | |
| | | | | |

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| Fill in this infor | mation to identify your | case: | | | |
|-----------------------------------|--|--------------------------|------------------------------|--|-----------------------------------|
| Debtor 1 | Joseph A Opengo | | | | |
| 200101 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| | | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | eck if this is an ended filing |
| btaining mone ears, or both. 1 | | n connection with a ban | | Making a false statement, concea fines up to \$250,000, or imprisor | |
| | | eone who is NOT an atto | rney to help you fill out ba | nkruptcy forms? | |
| ■ No | | | , ,, | | |
| ☐ Yes. | Name of person | | | Attach Bankruptcy Petition Declaration, and Signature | |
| | alty of perjury, I declare re true and correct. | that I have read the sum | nmary and schedules filed | with this declaration and | |
| X /s/ Jos | eph A Opengo | | X | | |
| Joseph | h A Opengo ure of Debtor 1 | | Signature of D | Pebtor 2 | |
| Date | January 4, 2017 | | Date | | |

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| | in this info | ation to identify | | | | | | | | | | |
|-------------------|---|--|--|------------------|---|--|---|--|--|--|--|--|
| | | nation to identify you | | | | | | | | | | |
| De | btor 1 | Joseph A Openg First Name | O Middle Name | | Last Name | | | | | | | |
| l | btor 2 | | | | | | | | | | | |
| | ouse if, filing) | First Name | Middle Name | | Last Name | | | | | | | |
| Uni | ited States Bar | kruptcy Court for the: | NORTHERN DI | STRICT OF IL | LINOIS | | | | | | | |
| | se number | | | | | | Check if this is an amended filing | | | | | |
| | ficial For | | Affairs for I | ndividua | als Filing for B | ankruptcy | 4/16 | | | | | |
| info nun | rmation. If monber (if known | ore space is needed). Answer every que | , attach a separate stion. | sheet to this | form. On the top of any | equally responsible for sup y additional pages, write yo | | | | | | |
| 1261 1. | | etails About Your Maccurrent marital state | | nere You Liv | еа ветоге | | | | | | | |
| •• | _ | current maritar state | uo: | | | | | | | | | |
| | ■ Married■ Not married | ried | | | | | | | | | | |
| 2. | During the la | ing the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | | | |
| | ■ No □ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | | | | |
| | Debtor 1 Pri | or Address: | Dates lived the | Debtor 1 here | Debtor 2 Prior Ad | Idress: | Dates Debtor 2 lived there | | | | | |
| 3. stat | | | | | | ity property state or territor ico, Texas, Washington and V | | | | | | |
| | ■ No | | | | | | | | | | | |
| | ☐ Yes. Ma | ke sure you fill out Sc | hedule H: Your Cod | lebtors (Officia | l Form 106H). | | | | | | | |
| Pai | rt 2 Explain | n the Sources of You | ır Income | | | | | | | | | |
| 4. | Fill in the tota | I amount of income yo | ou received from all | jobs and all bu | business during this yeusinesses, including part- gether, list it only once ur | | ndar years? | | | | | |
| | □ No | | | | | | | | | | | |
| | Yes. Fill | in the details. | | | | | | | | | | |
| | | | Debtor 1 | | | Debtor 2 | | | | | | |
| | | | Sources of incor Check all that app | oly. (I | Gross income before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | | |
| | r last calendar nuary 1 to De | year: cember 31, 2016) | ■ Wages, committee was bonuses, tips | issions, | \$36,000.00 | ☐ Wages, commissions, bonuses, tips | | | | | | |
| | | | ☐ Operating a bu | ısiness | | ☐ Operating a business | | | | | | |

Official Form 107

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| | | | | Debtor 1 | | Debtor 2 | |
|----|--|---|---|--|--|---|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | r the calend anuary 1 to | | | ■ Wages, commissions, bonuses, tips | \$44,800.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| | r the calend anuary 1 to | | 31, 2014) | ■ Wages, commissions, bonuses, tips | \$40,000.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| 5. | Include ind and other winnings. I List each s | come regard public bene f you are fil | fless of wheth fit payments; ing a joint cas the gross inco | e during this year or the two er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separat | amples of other income are all test; dividends; money collect you received together, list it or | ed from lawsuits; royalties; anly once under Debtor 1. | Security, unemployment, and gambling and lottery |
| | | | | Debtor 1 | | Debtor 2 | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| Pa | rt 3: List | Certain Pa | yments You | Made Before You Filed for I | Bankruptcy | | |
| 6. | □ No. | Neither Deindividual During the No. Yes * Subject | ebtor 1 nor D primarily for a 90 days before Go to line 7 List below expaid that create to adjustment or Debtor 2 o | each creditor to whom you paideditor. Do not include payment payments to an attorney for the on 4/01/19 and every 3 years of both have primarily consu | Imer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more in the for domestic support obligations bankruptcy case. Is after that for cases filed on the former debts. | of \$6,425* or more? n one or more payments and ations, such as child supportor after the date of adjustments. | d the total amount you t and alimony. Also, do |
| | | | • | re you filed for bankruptcy, die | d you pay any creditor a total | of \$600 or more? | |
| | | ■ No. | Go to line 7 | | | | |
| | | □ Yes | include pay | each creditor to whom you paiments for domestic support of this bankruptcy case. | | | |
| | Creditor' | s Name and | d Address | Dates of payme | nt Total amount | Amount you Was this | s payment for |

paid

still owe

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Case number (if known) Debtor 1 Joseph A Opengo

| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | | | |
|-----|---|----------------------------|----------------------|----------------------|-----------------|--|--|--|--|
| | No | | | | | | | | |
| | Yes. List all payments to an insider. | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | | |
| 8. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cost | | ments or transfer a | iny property on a | ccount of a d | ebt that benefited an | | | |
| | ■ No□ Yes. List all payments to an insider | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment litor's name | | | |
| Par | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | Posta | | | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. Case title | cy, were you a party in ar | | | | t or custody | | | |
| | Case number | Nature of the case | Court or agency | | Status Of th | ie case | | | |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address | | | oreclosed, garnis | hed, attached | d, seized, or levied? Value of the property | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details. | | luding a bank or fir | nancial institution | , set off any a | amounts from your | | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date : | action was | Amount | | | |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes | | erty in the possess | | | efit of creditors, a | | | |
| Par | t 5: List Certain Gifts and Contributions | | | | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. | tcy, did you give any gift | s with a total value | of more than \$60 | 0 per person | ? | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates the gi | you gave fts | Value | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | |

| Del | otor 1 | Case 17-80004 Joseph A Opengo | Doc 1 | Filed 01/04/17 Document | Entered 01/04/17 Page 34 of 48 Case numb | | c Main |
|-----|-------------------------------|--|----------------|-----------------------------|--|---|-------------------------|
| 14. | | n 2 years before you filed f No Yes. Fill in the details for eac | | | fts or contributions with a t | otal value of more than | \$600 to any charity |
| | Gifts more Char | s or contributions to charitie than \$600 rity's Name ress (Number, Street, City, State a | ies that total | Describe what yo | ou contributed | Dates you contributed | Value |
| Pai | rt 6: | List Certain Losses | | | | | |
| 15. | or gar | n 1 year before you filed fo mbling? No Yes. Fill in the details. | or bankruptcy | or since you filed for | bankruptcy, did you lose a | nything because of the | ft, fire, other disaste |
| | Desc | cribe the property you lost the loss occurred | Inclu | | coverage for the loss surance has paid. List pendin 8 of Schedule A/B: Property. | Date of your loss | Value of property los |
| | Includ | ulted about seeking bankru | uptcy or prepa | aring a bankruptcy pe | se acting on your behalf partition? ng agencies for services requ | | erty to anyone you |
| | Perso Addr Emai | on Who Was Paid | t. if Not You | Description and transferred | value of any property | Date payment or transfer was made | Amount o paymen |
| | Eric 3957 Suite Rock | Pratt Law Firm P.C. 7 North Mulford Rd. | | Attorney Fees | | | \$900.00 |
| 17. | promi Do no | n 1 year before you filed foised to help you deal with to tinclude any payment or tra | your creditors | s or to make payment | se acting on your behalf pa s to your creditors? | ay or transfer any prope | erty to anyone who |

Yes. Fill in the details.

Person Who Was Paid Description and value of any property Date payment Amount of transferred Address or transfer was payment made

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer Description and value of Describe any property or Date transfer was Address property transferred payments received or debts made paid in exchange Person's relationship to you

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Debtor 1 Joseph A Opengo

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No | | | | | | | | | | |
|-----|---|--|-------------------------------|--|---|--|--|--|--|--|--|
| | Yes. Fill in the details. | | | | | | | | | | |
| | Name of trust | Description and v | value of the property tra | ansferred | Date Transfer was made | | | | | | |
| Par | 8: List of Certain Financial Accounts, In | struments, Safe Deposi | t Boxes, and Storage U | Inits | maas | | | | | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? | | | | | | | | | | |
| | houses, pension funds, cooperatives, asso No No | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | | | | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | be the contents | Do you still have it? | | | | | | |
| 22. | Have you stored property in a storage unit | , | home within 1 year be | fore you filed for bankrupto | cy? | | | | | | |
| | ■ No | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | |
| | | VA/II I I I | | h - th t t - | D (211 | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | be the contents | Do you still have it? | | | | | | |
| Par | 9: Identify Property You Hold or Control | I for Someone Else | | | | | | | | | |
| 23. | Do you hold or control any property that so for someone. | omeone else owns? Incl | ude any property you b | orrowed from, are storing f | or, or hold in trust | | | | | | |
| | No | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | be the property | Value | | | | | | |
| Par | 10: Give Details About Environmental Inf | ormation | | | | | | | | | |
| For | he purpose of Part 10, the following definiti | ions apply: | | | | | | | | | |
| | Environmental law means any federal, state toxic substances, wastes, or material into t regulations controlling the cleanup of these | he air, land, soil, surface | e water, groundwater, o | | | | | | | | |

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Joseph A Opengo

| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | | | | |
|-----|--|--|---|--------------------|--|--|--|--|--|--|--|
| | No | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | | | | |
| Par | 11: Give Details About Your Business or Cor | nnections to Any Business | | | | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have any | of the following connections to any | / business? | | | | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | | | | |
| | ☐ An officer, director, or managing execu | tive of a corporation | | | | | | | | | |
| | ☐ An owner of at least 5% of the voting or | r equity securities of a corporation | | | | | | | | | |
| | ■ No. None of the above applies. Go to Part | 12. | | | | | | | | | |
| | Yes. Check all that apply above and fill in | the details below for each business. | | | | | | | | | |
| | Business Name De | escribe the nature of the business | Employer Identification number Do not include Social Security | | | | | | | | |
| | | ame of accountant or bookkeeper | Dates business existed | number of frint. | | | | | | | |
| 28. | Within 2 years before you filed for bankruptcy, institutions, creditors, or other parties. | did you give a financial statement to | o anyone about your business? Inclu | ude all financial | | | | | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | ate Issued | | | | | | | | | |
| | | | | | | | | | | | |

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| Part 12: | Sign Below | | | | | | |
|----------|------------|------|--|---|--|---|--|
| | | | | | | | |
| | | | | _ | | _ | |

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection

| | result in fines up to \$250,000, or imprisonment for up to 20 years, or both. and 3571. |
|--|---|
| /s/ Joseph A Opengo | |
| Joseph A Opengo Signature of Debtor 1 | Signature of Debtor 2 |
| Date January 4, 2017 | Date |
| Did you attach additional p | ges to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| No | |
| ☐ Yes | |
| Did you pay or agree to pay | someone who is not an attorney to help you fill out bankruptcy forms? |
| ■ No | |
| ☐ Yes Name of Person | Attach the Bankruntcy Petition Prenarer's Notice Declaration, and Signature (Official Form 119) |

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| Fill in this infor | mation to identify your | case: | | |
|-------------------------------|---|--|---------------------------------|---|
| Debtor 1 | Joseph A Opengo | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Official Fo | | n for Individu | uals Filing Under | Chapter 7 12/15 |
| If you are an inc | lividual filing under cha | pter 7, you must fill out t | this form if: | |
| creditors have | e claims secured by yo | ur property, or | | |
| you have lea You must file th | sed personal property a is form with the court w ever is earlier, unless th | and the lease has not exp vithin 30 days after you fi | ile your bankruptcy petition or | by the date set for the meeting of creditors, d copies to the creditors and lessors you list |
| If two married n | eonle are filing togethe | r in a joint case, both are | equally responsible for supply | ving correct information. Both debtors must |

sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C |
|---|--|--|
| Creditor's | ☐ Surrender the property. | □No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 | Joseph A Opengo | Case number (if) | known) |
|---------------------------|---|---|---|
| name: | | Retain the property and redeem it. | ☐ Yes |
| Descrip | otion of | Retain the property and enter into a | |
| propert | | Reaffirmation Agreement. Retain the property and [explain]: | |
| securin | - | | |
| Part 2: | List Your Unexpired Personal Proper | hy Logege | |
| For any ur in the info | nexpired personal property lease that ormation below. Do not list real estate | you listed in Schedule G: Executory Contracts and Une leases. Unexpired leases are leases that are still in effecty lease if the trustee does not assume it. 11 U.S.C. § 36 | ct; the lease period has not yet ended. |
| Describe | your unexpired personal property lea | ses | Will the lease be assumed? |
| Lessor's n | name: | | □ No |
| Description Property: | on of leased | | ☐ Yes |
| , , | | | Li Tes |
| Lessor's n | name: on of leased | | □ No |
| Property: | | | ☐ Yes |
| Lessor's n | | | □ No |
| Description Property: | on of leased | | ☐ Yes |
| Lessor's n | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's n | name: | | □ No |
| Description Property: | on of leased | | ☐ Yes |
| Lessor's n | name: | | □ No |
| Description Property: | on of leased | | ☐ Yes |
| | | | |
| Lessor's n Description | name: on of leased | | □ No |
| Property: | | | ☐ Yes |
| Part 3: | Sign Below | | |
| | nalty of perjury, I declare that I have in hat is subject to an unexpired lease. | dicated my intention about any property of my estate th | at secures a debt and any personal |
| X /s/ J | oseph A Opengo | X | |
| | eph A Opengo | Signature of Debtor 2 | |
| Signa | ature of Debtor 1 | | |
| Date | January 4, 2017 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-80004 Doc 1 Filed 01/04/17 Entered 01/04/17 10:38:44 Desc Main Document Page 44 of 48

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | Joseph A Opengo | | Case No. | |
|-------------|--|---|------------------------|------------------------------------|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPENSAT | TON OF ATTOR | NEY FOR DE | BTOR(S) |
| C | tursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I ce ompensation paid to me within one year before the filing of the e rendered on behalf of the debtor(s) in contemplation of or in a | petition in bankruptcy, | or agreed to be paid t | o me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 900.00 |
| | Prior to the filing of this statement I have received | | \$ | 900.00 |
| | Balance Due | | \$ | 0.00 |
| 2. \$ | 335.00 of the filing fee has been paid. | | | |
| 3. 7 | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. 7 | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 5. | I have not agreed to share the above-disclosed compensation | n with any other person t | inless they are memb | ers and associates of my law firm. |
| ا | ☐ I have agreed to share the above-disclosed compensation wi copy of the agreement, together with a list of the names of the state of | | | |
| 6.] | n return for the above-disclosed fee, I have agreed to render leg | gal service for all aspects | of the bankruptcy ca | se, including: |
| а | . [Other provisions as needed] see attached fee agreement | | | |
| 7. I | By agreement with the debtor(s), the above-disclosed fee does n Representation of the debtors in any dischargeabi adversary proceeding or any Inquiries into the value | lity actions, judicial lier | | from stay actions or any other |
| | CER | TIFICATION | | |
| I this b | certify that the foregoing is a complete statement of any agreer ankruptcy proceeding. | ment or arrangement for j | payment to me for re | presentation of the debtor(s) in |
| | nuary 4, 2017 ate | /s/ Sarah Holbrook Sarah Holbrook 62 Signature of Attorney Eric Pratt Law Firm 3957 North Mulford | 93018 , P.C. | |

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| CHAPTER 7 FLAT FEE AGREEMENT |
|---|
| Eric Pratt Law Firm, P.C. ("Attorney"), is engaged to represent |
| Client agrees to pay Attorney a flat fee of \$ 900 for the services described above. This flat fee is based on the anticipated amount of work required based on the information provided to date by Client to Attorney. If the information is incomplete, incorrect, or changes before the time Client's matter is ready to be filed, the Attorney's legal assessment of the matter may change, causing the flat fee amount to require adjustment. Client will be responsible for costs in addition the flat fee, including but not limited to, the \$335 filing fee plus the \$ 25 credit report fee. The filing fee of \$335 shall be paid by separate check or cash to be placed in the Trust account. The flat fee, upon payment, becomes the property of the law firm and Client directs Attorney to deposit these funds in Attorney's business account. While Client has the right to pay Attorney on an hourly fee basis, Client elects to pay Attorney on a flat fee structure as it tends to be less money when compared to an hourly rate fee structure. The firm will begin work on the Bankruptcy Petition upon receipt of the entire flat fee along with the supporting documentation. |
| Client understands that bankruptcy laws only allow for protection of certain amount of property and if any property remains unprotected, Client understands the Chapter 7 Trustee can sell it if Client does not or cannot buy out the Trustee's interest and that the US Trustee may object to the filing of a Chapter 7 if they believe Client has excess income and should be filing a Chapter 13. |
| Certain debts are not dischargeable under the bankruptcy laws, such as, student loans or educational debts, some taxes, undisclosed debts, debt related to family court matters (support/maintenance), fines, debts incurred by fraud, debts incurred after filing, future association/condo HOA dues, or any other debt found non-dischargeable by the Judge. |
| Client agrees not to transfer any property or incur any debt without expressed permission from Attorney or the Court. Client agrees to make full disclosure of all income, expenses, debts, and assets at the initial consultation and on the bankruptcy petition. |
| Client understands bankruptcy law requires the completion of a pre-filing and a post-filing course. Client agrees to pay for both the pre-filing and post-filing course independently of this agreement and working with Attorney to make sure that the certificates are received. If Client's case is closed without discharge by the Bankruptcy Court due to failure to complete post-filing course, Client shall be required to pay fees and cost related to the reopening of the case. |
| Attorney-Client relationship terminates and the attorney's file will be closed upon receipt of discharge of bankruptcy unless otherwise specified on this document. In the event Client terminates or cancels this Agreement prior to the filing of the bankruptcy Attorney shall deduct the amount of \$300 prior to refunding. Attorney shall promptly refund any amount in excess of \$300. Client authorizes Attorney to transfer any funds held in the trust account to the operating account at the time of such termination to ensure the amounts due and owing to either party can be properly assessed. Any and all physical records will be maintained in accordance with the laws governing such records and will be destroyed no later than 7 years after the file's closure. |
| By signing this agreement, I agree that I have had an opportunity to discuss the agreement with Attorney, understand the agreement, and have had an opportunity to ask questions and have received an explanation for any questions that I had. |
| CLIENT ERIC PRATT LAW FIRM, P.E. |
| 10 S J 107/1 |
| Total: 223+335 = 1258 |
| If payment via debit card, payments are as follows: \$today. Then, \$ |
| with no prior authorization necessary. The \$335.00 cannot be debited from the card and shall be paid via check or cash prior to filing. |
| If payment via cash or check, payments are as follows: \$ 335 + 33 alough forid. Lodo of 900 to be pend A5AP to be mailed in or tropped off at the office. The \$335.00 filing for shall be paid prior to filing. |
| to be mailed in or dropped off at the office. The \$335.00 filing fee shall be paid prior to filing. |

United States Bankruptcy Court Northern District of Illinois

| In re | Joseph A Opengo | | Case No. | |
|-------|--|---|-----------------------------|----------------|
| | | Debtor(s) | Chapter 7 | |
| | VER | RIFICATION OF CREDITOR M | IATRIX | |
| | | Number of | Creditors: | 12 |
| | The above-named Debtor(s) h (our) knowledge. | hereby verifies that the list of credit | tors is true and correct to | the best of my |
| Date: | January 4, 2017 | /s/ Joseph A Opengo Joseph A Opengo Signature of Debtor | | |

Affiliatd Gr Po Box 7739 Rochester, MN 55903

Americollect Inc Po Box 1566 Manitowoc, WI 54221

Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622

Cash Store 2410A S. Alpine Rd Rockford, IL 61108

City of Rockford Payment Center Box 4635 Rockford, IL 61105

Collect Asso Po Box 465 Brookfield, WI 53008

ComEd Box 6111 Carol Stream, IL 60197

Mutual Management Serv 7177 Crimson Ridge Dr St Rockford, IL 61107

Nicor Gas 1844 Ferry Road Naperville, IL 60563

Rockford Mercantile Po Box 5847 Rockford, IL 61125

RRWRD Box 6207 Rockford, IL 61125 The Stark Collection A 6425 Odana Rd Madison, WI 53715